									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000										19/115420					
1.17-2730															
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	. E	mry	OR	OTHER'S MALLE			
TOTAL CLAIMS						,	RATE		E	FEE		RATE	FEE		
FOR			NUMBER FILED MANSE			ER EXTRA		BASIC FEE 355.00			OA	Basic Fee	710.00		
TOTAL CHARGEABLE CLAIMS		13 minus 20=		•			X\$ 8=			OR	X\$18=				
INDEPENDENT CLAIMS			2 minus 3 = /				X40=		,		OR	X80=	<b>1</b>		
MULTI	PLE DEPEN	DENT CLAIM PR	RESENT				+135-			•	OR	+270=			
• If the	difference i	n column 1 is	less than zero, enter °C' in column 2				. }	TOTAL		OR	TOTAL				
CLAIMS AS AMENDED - PART II									_		ייין	OTHER	THAN		
(Column 1) (Column 2) (Column 3)								SMA	L	ENTITY	OR	SMALLE			
MENDMENT A		CLAIMS REMARKING AFTER AMENDMENT		NUN	EST BER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
¥ O To	stel	· 13	Minus	- 0	20.	•		X\$ E	<b>-</b>		OR	X\$18=			
	dependent	. 2	Mirus	••• .	3	•/		X40	=		OR	X80=			
· F	RST PRESE	NTATION OF MI	ULTIPLE DEF	ENDEN	T CLAIM			+135		<b></b> -	1	+270=			
2/11/15									TAL		OR ~	TOTAL	·		
3/4/05								ADDIT.	FEE	<u> </u>	OR	ADDIT. FEE			
	• •	(Column 1)			imn 2) HEST	(Column 3)	1			ADDI-	1		ADD1-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	KBER TOUSLY O FOR	PRESENT EXTRA		RAT	E	TIONAL FEE		RATE	TIONAL		
	otal	20	Minus	• 6	20	•		XS	)- -		OR	X\$18=			
	ndependent	. 2	Minus	940	3	•		X40	)= 		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+270=			
1 1									TAL		OR	TOTAL			
2	23/115	10 alu 45			M	(Cabour 0)		ADDIT.	FEE ·		10.,	ADDIT. FEE			
TY.	, , , , ,	(Column 1)	·	Hig	mn 2) HEST	(Column 3)	1			ADDI-	1	<u> </u>	ADDI		
ENTC		REMAINING AFTER AMENDMENT		PREV	MBER MOUSLY D FOR	PRESENT		. RAT	E	TIONAL		RATE	TIONAL		
	ctal	• 13	Minus	5	20	. —		XS	) <del>-</del>		OR	X\$18=			
HS L	ndependent	• 2	Minus		3	• -	4	X40	<del> </del> =		OR	X80=			
TIP.	WST PRESE	NTATION OF M	IULTIPLE DE	PENDE	IT CLAIN		J	+13			OR	+270=			
. If the entry in column 1 is less than the entry in column 2, write "V in column 3.										<del> </del>		YOTAL			
"If the "Highest Number Proviously Paid For" (N THIS SPINCE is less than 20, enter "20."  "Hithe "Highest Number Proviously Paid For" (N THIS SPINCE is less than 3, enter "3."  The "Highest Number Proviously Paid For" (Total or Independent) is the highest number found in the appropriate bo											JOR	ADOIT. FEE			
170	o Wighest Nun	ther Proviously Po	aid For (Total c	r Indeper	rdersij is th	e highest numb	er fo	und in t	<b></b> et	sbrobijate po	at ju o	otumo 1.			

FORM PTO-475

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